



STATE OF NEVADA
Certified Court Reporters Board
5135 Camino Al Norte, Suite 270
North Las Vegas, Nevada 89031
Phone: (702) 489-8787 Fax: (702) 489-8788
Website: www.crptr.nv.gov Email: Reporting@nvccrb.nv.gov

APPLICATION OF RENEWAL for a COURT REPORTING CERTIFICATE

REV: 2/15

Licensing Year: July 1, 2015 – June 30, 2016

Due on or before May 15, 2015: \$200.00

Received May 16, 2015 – June 30, 2015: \$300.00 (Includes \$100.00 late fee)

Failure to submit by June 30, 2015: Suspension of Certificate on July 1, 2015

Payment must accompany this application. Make check payable to NVCCRB.

NRS 656.260 requires you to report any changes to the Board in writing within 30 days of the change.

LEGAL NAME ONLY

CCR #	FIRST	M.I.	LAST
ADDRESS			CITY/STATE/ZIPCODE
TELEPHONE	FAX		CELLULAR

REQUIRED INFORMATION

Contact information to be posted on the Board website.

EMAIL	PHONE NUMBER		
Nearest Relative or Contact Person (not living with you)			
NAME	RELATIONSHIP	TELEPHONE	
ADDRESS	CITY	STATE	ZIPCODE

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE

All applicants MUST complete this section. Please select ONE option.

- ☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.
My Nevada business license number is: _____
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
- ☐ I do NOT have a Nevada business license number.

The State of Nevada Certified Court Reporters Board is not the arbiter of determining whether the applicant needs a business license. **PLEASE DO NOT CALL OUR OFFICE.** Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>

QUESTIONNAIRE

Failure to mark a response will result in the denial of your application of certificate.

1. NRS 656.155 requires an applicant for the issuance or renewal of a certificate to complete the statement prescribed by the Welfare Division of the Department of Human Resources.
You are required to check one:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and not in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

2. Have you been convicted of or pled guilty to any violation of any law (excluding minor traffic violations) of any state, the United States, or a foreign country or had any conviction that has been dismissed? If you answer yes to the conviction question, please submit copies of the court records to the NVCCRB. Upon receipt, the NVCCRB will review the information to determine the status of your application.

☐ Yes

☐ No

3. Has there been any disciplinary action (excluding citations and fines) taken against you by any licensing and/or regulatory agency in this or any other state?

☐ Yes

☐ No

If you answered yes, please state date, place, entity and details: _____

**INCOMPLETE APPLICATION WILL BE RETURNED TO YOU AND
WILL RESULT IN THE DENIAL OF YOUR APPLICATION OF CERTIFICATE.**

I, _____ attest to the foregoing statements in this Application of Certificate which I have read and know the contents thereof to be true, complete and accurate in accordance with the provisions of NRS 656 and NAC 656. I understand omission of information, or false information may cause my application for certification to be denied. I specifically authorize and request the release of any and all information, whether of record or not, by any person who receives such a request from this state certifying board. I have read and possess knowledge of the provisions and requirements of NRS 656 and NAC 656 and hereby affirm that I am in compliance therewith.

Signature

CCR #

Social Security (Pursuant to NRS 656.155(1a))

Date